



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

1500
Ser 00DCB/00439
AUG 14 2000

From: Chief, Bureau of Medicine and Surgery
To: All Senior Dental Students (HSCP)

Subj: INFORMATION PACKAGE FOR THE GENERAL PRACTICE RESIDENCY/
ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAM

Ref: (a) Program Authorization 119

Encl: (1) Navy General Practice Residency Application Biography
(2) Navy Advanced Education in General Dentistry
Application Biography
(3) Physical Qualifications for Active Naval Service
(4) Active Duty Preference Form (in duplicate)
(5) Licensing Statement of Understanding
(6) College Rank-in-Class Form
(7) Dental Officer Training and Skills Analysis Questionnaire
(8) Dental School Evaluation Sheet
(9) Applicant Appraisal Sheet
(10) General Practice Residency Brief Sheet
(11) Advanced Education in General Dentistry Brief Sheet

1. In accordance with reference (a), enclosures (1) and (2) are provided if you desire to apply for a General Practice Residency or an Advanced Education in General Dentistry Program. If you desire both programs, please indicate your program preferences.

2. Enclosures (3) through (5) must be completed by you and submitted in the enclosed brown envelope.

3. Enclosure (6) must be completed by the Dean's Office of your School of Dentistry and forwarded separately in the enclosed white envelope.

4. Please have your university forward your dental school scholastic transcript. You will need to pay any fees required by your university.

5. Enclosure (7) must be completed and forwarded in the envelope provided. When your first active duty orders are issued, this questionnaire will be forwarded to your designated Commanding Officer as basic information upon which to build your Individual Credentialing File. Please comply with the very important note contained at the end of enclosure (7).

Subj: INFORMATION PACKAGE FOR THE GENERAL PRACTICE RESIDENCY
/ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAM

6. If you desire to apply for a General Practice Residency (GPR) or an Advanced Education in General Dentistry (AEGD) Program:

a. Enclosure (8) must be completed by the dean's office and forwarded with the College Rank-in-Class Form as described in paragraph 2.

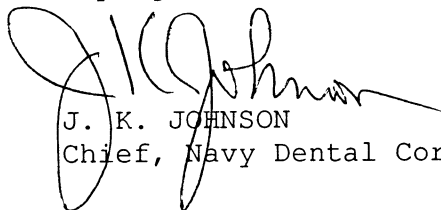
b. Enclosure (9) must be distributed to three faculty members who will complete the forms and return them promptly in the envelopes provided. If possible, the Dental School Liaison Officer should receive one of the forms.

c. Your application must be received at the Naval School of Health Sciences, Code 13, no later than the second week in November. Mail all forms to Commanding Officer, Naval School of Health Sciences, 8901 Wisconsin Avenue, Building 1, Code 13, Bethesda, MD 20889-5611.

7. IMPORTANT. Your prompt response is essential. Final determination of your duty assignment or acceptance for the Navy GPR or AEGD Program cannot be made without this information.

8. Please do not hesitate to contact us if you have any questions. Point of contact is Ms. Tanya Wright at (301) 295-9946.

9. Specific questions about the programs may be directed to the GPR Specialty Leader, Commander Roger Hanks at (847) 688-2424 or the AEGD Specialty Leader, Captain Chris Leclaire at (301) 295-0865. Enclosures (10) and (11) provide program overviews.


J. K. JOHNSON
Chief, Navy Dental Corps

GENERAL PRACTICE RESIDENCY APPLICANT BIOGRAPHY

Name: _____
(Last, First, Middle)

Statement of Motivation for the General Practice Residency:

List of membership in professional organizations and officers held.
List anything else which you feel would demonstrate leadership ability:

List work experience including number of hours per week for the past
three years:

List duty station preference:

(Date)

(Signature)

Enclosure (1)

ADVANCE EDUCATION IN GENERAL DENTISTRY APPLICANT BIOGRAPHY

Name: _____
(Last, First, Middle)

Statement of Motivation for the Advanced Education in General Dentistry:

List of membership in professional organizations and officers held.
List anything else which you feel would demonstrate leadership ability:

List work experience including number of hours per week for the past
three years:

List duty station preference:

(Date)

(Signature)

Enclosure (2)

(Date)

From:

(Rank) (Name - Last, First, Middle)

(Social Security Number)

To: Commanding Officer, Naval School of Health Sciences
(Code 13)

Subj: PHYSICAL QUALIFICATIONS FOR ACTIVE NAVAL SERVICE

1. To the best of my knowledge and belief, the following change(s) to my physical condition occurred since my last physical examination. (List change(s) or insert "none" as appropriate):

2. I understand the above certification is accepted at this time in lieu of a physical examination in connection with the officer program for which I am applying. Prior to the time I report for active naval service (including active duty for training), it will be necessary that I be physically examined by an Armed Forces Medical Officer.

3. If appropriate, please find attached, my complete statement relative to the physical change(s) listed above and a statement from my personal physician concerning same.

(Signature)

Enclosure (3)

ACTIVE DUTY PREFERENCE FORM
(PLEASE PRINT ALL ENTRIES)

1. Name _____
(Last, First, Middle)

2. Present Address _____
_____ Until _____

3. Date of Birth _____ Social Security Number _____
Day Month Year

4. Dental School _____ Grad Day _____
Day Month Year

5. Indicate below all active duty training taken to date, including
OIS, Newport:

Place _____ Dates _____

Place _____ Dates _____

6. Please indicate the date you will be able to attend Officer
Indoctrination School (OIS): _____

7. List, in order of preference, the State Board Examination(s) in
which you intend to participate, giving the place(s) of examinations and
dates:

PLACE

DATE

1. _____

2. _____

Every effort will be made to permit you to participate in the
examination given by the State Board of your first preference prior to
reporting for active duty.

8. What Navy program were you in while attending dental school:

HPSP _____ HSCP _____ 1925I _____

9. How many years were in the program? _____

10. What is your Active Duty obligation?_____

1925I - 3yrs or 4yrs w/bonus
HSCP - 3yrs
HPSP 1yr - 3yrs
2yr - 3yrs
3yr - 3yrs
4yr - 4yrs

11. Home of Record _____
(The place recorded as the home of the
applicant when commissioned)

12. Marital Status: Single___ Married___ Spouse's Name_____

Children (ages) 1.____ 2.____ 3.____ 4.____

Plans for marriage in the near future:_____

13. Address from which you plan to move your household effects to your
first duty station:

Present Telephone No. (Area Code) _____Residence

(Area Code) _____School

NOTE: Consideration will be given to your preference for duty
assignment; however, assignments must be made according to service
requirements. It is not possible at this time to inform you of your
first duty assignment.

Please keep the **Naval School of Health Sciences (Code 13) (telephone
number (301) 295-9946)** informed of any change in your graduation date,
address or telephone number as they occur. Any changes in your personal
situation should also be reported.

LICENSING STATEMENT OF UNDERSTANDING

I understand that I am obligated to participate in a licensure examination prior to appointment on active duty or, if this is not possible, prior to arriving at my first permanent duty station (mandatory). I further understand that if I am selected for the General Practice Residency or the Advanced Education in General Dentistry, I must participate in a licensure examination prior to reporting for the residency if the dates of the examination do not conflict with my residency reporting date.

I also understand that I must obtain a valid state license within one-year of graduation from dental school at no expense to the government.

(Signature)

(Social Security Number)

(Date)

Enclosure (5)

COLLEGE RANK IN CLASS FORM
(SENIOR DENTAL STUDENT PROGRAM APPLICANTS ONLY)

Name _____
(Last, First, Middle)

Date of Birth _____ Major _____

Year of Enrollment _____ Grade Average _____

Rank in Class _____ Date of Graduation _____

1. The above named applicant is a student in good standing in his/her _____ year of studies toward the degree of _____.

or

Has been accepted for the next entering class convening on _____.

2. If he/she continues his/her studies on an uninterrupted schedule, they may expect to graduate on the _____ day of _____, 19____. (Exact date of expected graduation or date clinical requirements will be completed).

3. Class standing for years of completed studies (use relative or percentile ranking; if student is not ranked, assign an adjective rating of Outstanding, Excellent, Good, Satisfactory, Unsatisfactory):

First year _____ standing in class of _____.

Second year _____ standing in class of _____.

Third year _____ standing in class of _____.

Date of completion of 3rd year _____.

Date the 4th year of study will begin _____.

Dental School _____.

(Date)

(Signature of School Official)

Enclosure (6)

This form is used to determine the applicant's academic standing and to evaluate the level of academic achievement of applicants for Superceding Appointment in the Dental Corps, United States Naval Reserve and the Navy's General Practice Residency or the Navy's Advanced Education in General Dentistry Programs.

I authorize the release of the above information

(Date)

(Signature of Applicant)

DENTAL OFFICER TRAINING AND SKILLS ANALYSIS QUESTIONNAIRE

Students who hold commissions in the Navy Dental Student Program need to answer questions 1, 2, and 3 to cover only the period of time since appointment, if yes, give dates and explain.

1. Do you currently or have you ever had an alcohol or drug dependency? YES or NO (Circle applicable answer)

2. Have you ever had an alcohol or drug problem that culminated in therapy? YES or NO (Circle applicable answer)

3. Have you ever been arrested, charged, cited or held by law enforcement authorities regardless of whether the citation was dropped or dismissed or you were found not guilty? YES or NO (Circle applicable answer)

4. Have you been to Officer Indoctrination School, Newport, RI? YES or NO (Circle applicable answer) If "yes" give inclusive dates.

5. Have you served any clerkships in military facilities? YES or NO (Circle applicable answer) When? Where?

6. What degrees do you hold at this time?

Degrees _____

Major _____

7. Did you have active military service, prior to attending dental school?

Service _____

Date _____

Rank or Rating on Separation _____

Duties _____

Enclosure (7)

8. Are you married?

Spouse's name _____

Children (sex and ages) _____

9. What dental school are you attending?

10. Are there any special educational or personal experiences in your background that you think would be of interest to the commanding officer of your first duty station (i.e., CPR Certified)?
If "yes" explain.

11. Do you have any personal problems or hardships you would like your commanding officer to know? If "yes" explain.

Privacy Act Statement: Authority for collection of this information is 5 USC 301 and 10 USC 5132. The principal purpose of the information is to assist the Department of the navy in documenting your professional and personal performance while in dental school. The information will be forwarded to your commanding officer when you report for active service. It will be used as a basis to build an Individual Credentialing File (ICF) at your first permanent duty ship or station.

Disclosure of this information is mandatory. Failure to do so may result in decreased chances of your being selected for Navy training, if interested, and in some cases administrative separation.

Routine use of this information include transfer of relevant information to military and civilian employees of the Naval School of Health Sciences and its managed treatment facilities in the performance of their official duties related to procurement/assignment/professional training/credentialing and all other aspects of personnel management. When completed return the form to: Commanding Officer, Naval School of Health Sciences, 8901 Wisconsin Avenue, Building 1, Code 13, Bethesda, MD 20889-5611.

DENTAL SCHOOL EVALUATION SHEET

(The below information will not be disclosed to the student)

To Whom It May Concern:

The following is my evaluation of _____
(Student's Name)
and his/her potential for the Navy General Practice Residency and or the
Navy Advanced Education in General Dentistry Program.

Office of the Dean (Signature)

(Date)

Dental School

Enclosure (8)

Dear Doctor,

The applicant has requested graduate study in the Navy's General Practice Residency (GPR) Program in Dentistry and or the Navy's Advanced Education in General Dentistry (AEGD) Program. To assist the selection committee in its selection, evaluations are desired from faculty members who have had personal contact with the applicant. Your prompt response, as convenient, is appreciated; a return envelope is enclosed for your reply. Thank you.

APPLICANT APPRAISAL

Date

Name of Applicant

(Last)

(First)

(Middle)

1. We would appreciate your appraisal of the above named applicant's potential for graduate study in our GPR/AEGD.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY	NO OPPORTUNITY TO OBSERVE
Intellectual Ability						
Character						
Emotional Stability						
Personality						
Manual Dexterity						
Motivation for Graduate Study						
Personal Appearance						

2. Additional Comments

3. How long have you known this applicant?

4. What has been your relationship with the applicant?

5. Please check one:

☐ RECOMMENDED
ENTHUSIASTICALLY

☐ RECOMMENDED

☐ RECOMMENDED
WITH RESERVATIONS

☐ NOT RECOMMENDED

THIS QUESTIONNAIRE WILL BE
HELD CONFIDENTIAL

PLEASE MAIL DIRECTLY TO:
NAVAL SCHOOL OF HEALTH SCIENCES
8901 WISCONSIN AVENUE
BUILDING 1, CODE 13
BETHESDA, MD 20889-5611

SIGNATURE

TITLE

Enclosure (9)

Dear Doctor,

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(Last)

(First)

(Middle)

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Intellectual Ability						
Character						
Emotional Stability						
Personality						
Manual Dexterity						
Motivation for Graduate Study						
Personal Appearance						

2. Additional Comments

3. How long have you known this applicant?

4. What has been your relationship with the applicant?

5. Please check one:

☐ RECOMMENDED
ENTHUSIASTICALLY

☐ RECOMMENDED

☐ RECOMMENDED
WITH RESERVATIONS

☐ NOT RECOMMENDED

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Date

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(Last)

(First)

(Middle)

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Intellectual Ability						
Character						
Emotional Stability						
Personality						
Manual Dexterity						
Motivation for Graduate Study						
Personal Appearance						

2. Additional Comments

3. How long have you known this applicant?

4. What has been your relationship with the applicant?

5. Please check one:

☐ RECOMMENDED ENTHUSIASTICALLY

☐ RECOMMENDED

☐ RECOMMENDED WITH RESERVATIONS

☐ NOT RECOMMENDED

THIS QUESTIONNAIRE WILL BE HELD CONFIDENTIAL

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BETHESDA, MD 20889-5611

SIGNATURE

TITLE

Enclosure (9)

Navy General Practice Residency (GPR) Programs

Since 1972, The Navy Dental Corps has offered a General Practice Residency (GPR) in dentistry to 24 new dental school accessions per year. This hospital-based residency includes a year of intensive, broad-based training in all dental specialties, coupled with exposure and familiarization with trauma, medical emergencies and treatment of medically compromised patients. Close contact between the residents and specialist mentors during every aspect of the training enables individualized adjustments in the program to suit the strengths and weaknesses of the individual resident. This provides the optimal preparation for performing the full range of general dentistry during the independent tours that normally follow the GPR year. Our primary goal is to provide the operational forces with a well-rounded, confident general dentist who can function almost independently of dental specialists when deployed to isolated areas. This includes the ability to expertly fill the frequent medical augmentation role of manning a battle dressing station in time of mass casualty or disaster. All Navy general practice residencies are accredited by the ADA. To achieve accreditation requires a wide variety of training experience. The residency is structured in 3 phases:

1. An indoctrination period that familiarizes the resident with issues ranging from enlisted evaluations to current Dental Corps issues to hospital protocol.
2. A clinical phase, occupying over 70% of the year.
3. A didactic phase that provides a weekly educational experience in either seminar or lecture format.

The 3 phases are not restricted but run concurrently throughout the entire year. One of the best aspects of the GPR is that there is flexibility to take advantage of "Targets of Opportunity" training that frequently present to Naval Hospitals. Clinical experiences include rotations in all dental specialties, as well as treatment of many comprehensive patient cases. In a hospital setting, some of the patients referred are medically compromised or special care patients and impose demanding criteria for knowledge, management and treatment. The remainder of the patients have routine dental needs and are from local-area active duty populations. The patient population is about 75% active duty with the remainder retirees and family members with special needs. Adding to the training is the emergency room training that each resident undergoes, providing exposure to treating not only dental emergencies but infections and minor medical emergencies as well. Being hospital-based,

Enclosure (10)

there is strong emphasis on oral surgery experience. Most didactic training is done in a seminar or open "discussion-style" format, attempting to avoid strict dental school style presentations. Patient treatment is reviewed by mentors and discussed. Overall comprehensive care of patients is emphasized, based on a foundation of sound current and classic dental and medical literature. In addition to some open "elective" continuing education courses, residents attend combat casualty care, basic trauma life support, advanced cardiac life support, and complete a 100 hour rotation in anesthesiology to augment training and provide a valuable adjunct to operational Navy and Marine Corps units. We currently maintain programs at 5 Navy hospitals, training 24 residents per year. Selection for the training is from new accessions with consideration for dental school grades, class standing, military experience, mentor recommendations and motivation of the candidates. Although the program is hospital-based, the training goes far beyond the treatment of hospital patients. Residents treat all US Navy beneficiaries, many of whom are from the operational fleet. It is, by many assessments, the single best postgraduate training to prepare for any career, generalist or specialist, in dentistry. As one graduate stated "Dental school made me a 'safe' dentist; my GPR made me a good one!"

Current GPR Program locations:

	DIRECTOR TELEPHONE	EMAIL
Great Lakes	CAPT (S) [REDACTED] Hanks 847-688-1125	grllreh@grll0.med.navy.mil
Portsmouth	CDR Mike Lewis 603-733-1133	MTLewis@mar.med.navy.mil
Camp Pendleton	CDR [REDACTED] Warner 760-725-1111	mlkw@pen10.med.navy.mil
Bethesda	CAPT Joel Schwartz 301-295-2849	
San Diego	CAPT Bill Carroll 619-532-8619	wbcarroll@nmcsd.med.navy.mil

Navy Advanced Education In General Dentistry (AEGD) Programs

The US Navy Dental Corps is proud to announce Advanced Education in General Dentistry (AEGD) programs for dentists who join the Navy upon graduation from dental school.

Description of Program

This one year training for recent dental school graduates is based upon the strong belief that general dentistry is the core and foundation of practice in the US Navy and is central to the concept of total patient care. Most patients who enter our clinics are first seen by a general dentist who formulates the initial diagnosis and treatment plan, then manages the treatment until dental health is achieved and a maintenance program initiated. To be effective, this type of practice requires appropriately trained general dentists who understand the system and are empowered to make it work. They must not only be skillful in their dental treatment, but also highly skilled in disease control; treatment planning and patient management in a systems context. The AEGD training takes place in a group practice, general dentistry format. The purpose is to equip Navy dentists to practice the full scope of comprehensive dentistry in any setting after leaving the program. Each resident is assigned a fully equipped general dentistry treatment room and receives the overwhelming majority of training in this clinical setting while practicing 4-handed dentistry. Clinical rotations with specialists are utilized as a part of training to provide particular skills and experiences. This training will enhance your confidence and competence in the full spectrum of general dentistry skills and will train you to manage your dental practice and train ancillary personnel. The curriculum involves problem-based learning with a minimum of 90% of training while performing direct patient care. The clinical practice is augmented with small group seminars dealing with case presentations, treatment planning, literature review, and clinical technique presentation. Residents develop a portfolio organized by clinical topics and augmented with literature abstracts, mini-papers from home study assignments and case studies. All Navy training programs are fully accredited by the ADA and you will receive a certificate upon completion of this twelve month program.

Program Goals

To enhance the dental officer's competence and confidence in the clinical disciplines that are integral components of General Dentistry.

To enhance the dental officer's ability to make advanced judgments in diagnosis, disease control, treatment planning, and decision making in the course of treatment and assessing posttreatment outcomes.

Enclosure (11)

To enhance the dental officer's ability to interact with all health care practitioners treating the patient by acting as the coordinator of the patient's total oral health care.

To enhance the dental officer's understanding of the Navy Dental Corps dental practice model in staff, materials and program management and provide experience in patient and practice management to increase productivity and efficiency of quality health care delivery.

How to Apply

Is it our intent to provide AEGD or GPR training to as many newly graduated dental officers as possible. The requirements for acceptance into the AEGD program are the same as acceptance into the GPR program. The particular program to which you will be sent depends on timing and interaction with the detailee (the person who will assign you to a particular program when you join the Navy) to let them know your desires. Currently, the Navy offers approximately 75 AEGD positions that are selected by a board. Selection is based on academic record and needs of the Navy. For further information, contact "The Detailing Officer" at (901) 874-4043 or the specialty leader for AEGD programs at (301) 295-0865.

Current AEGD Program locations:

Program	Director	Telephone	Email Address
Camp Lejeune	CDR Evan Applequist	910-451-1720	eaapplequist@leiden.med.navy.mil
Camp Pendleton	LCDR Rich Romney	760-763-1130	romney@pdrissg.usmc.mil
Great Lakes	CAPT Gene Nolfi	847-688-3221	gidlevn@gldlo.med.navy.mil
Jacksonville	CAPT Randy Webb	904-342-3441	REWebb@jadlo.med.navy.mil
Norfolk	CAPT Joe Rusz	757-314-6561	jerusz@nrdlo.med.navy.mil
San Diego	CDR Michael Milos	619-553-8229	MMilos@endosw.med.navy.mil
Parris Island	CDR Phil Rinauldo	843-228-2017	p.rinauldo@prdlo.med.navy.mil
Okinawa, Japan	CDR James Strother	011-81-61174-5-7157	Jstrother@jodlo.med.navy.mil
Yokosuka, Japan	LCDR Jason Devey	011-81-311753-7069	Yodljpd@yodlo.med.navy.mil

GPR PROGRAM LOCATIONS

PROGRAM	DIRECTOR	TELEPHONE	EMAIL ADDRESS
Great Lakes	CDR Roger Hanks	847-688-2423	grlreh@grl10.med.navy.mil
Portsmouth	CDR Mike Lewis	757-953-2733	MTLewis@mar.med.navy.mil
Camp Pendleton	LCDR Kathy Warner	760-725-1200	penlksw@pen10.med.navy.mil
Bethesda	CAPT Joel Schwartz	301-295-2849	bth0jls@bth20.med.navy.mil
San Diego	CDR Bill Carroll	619-532-8619	wbcarroll@nmcsk.med.navy.mil

AEGD PROGRAM LOCATIONS

PROGRAM	DIRECTOR	TELEPHONE	EMAIL ADDRESS
Camp Lejeune	LCDR Carol Barone Smith	910-451-1720	casmith@leiden.med.navy.mil
Camp Pendleton	CDR Kevin Kalanta	760-763-1130	kalantakt@1fssg.usmc.mil
Great Lakes	CDR Steven Sidoff	847-688-3331	slsidoff@gld10.med.navy.mil
Jacksonville	CAPT Randy Webb	904-542-3441	REWebb@jad10.med.navy.mil
Norfolk	CAPT Joe Rusz	757-314-6561	ierusz@nrd10.med.navy.mil
San Diego	CDR Glenn Munro	619-556-8229	gamunro@ndcsw.med.navy.mil
Parris Island	CAPT Ed Nieberlein	843-228-2017	prd0ejn@prd10.med.navy.mil
Okinawa, Japan	LCDR Rodney Gunning	011-81-611-745-7157	gunningr@okinawa.usmc.mil
Yokosuka, Japan	CDR Randy Heibel	011-81-311-753-7069	rlheibel@ndcfe.med.navy.mil
Pensacola	CDR Robert Sergeant	850-452-5602	prdrss@prd10.med.navy.mil
New London	CAPT Lloyd McDonald	860-694-3738	LPMcdonad@us.med.navy.mil
Northwest	CAPT Louis Kitslaar	360-257-2301	kitslaar@pnw.med.navy.mil